

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>09/897728</b>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	* * * * *		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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